MARYLAND JUDICIARY

ACCESS TO JUSTICE DEPARTMENT - INTERPRETATION SERVICES FEEDBACK FORM

(FOR JUDGES)

Submit this form to:
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JUDGE'S NAME: _____

PHONE: _____ E-MAIL ADDRESS: _____

CASE NUMBER: _____ HEARING DATE: _____ TIME: _____

☐ CIRCUIT COURT ☐ DISTRICT COURT COUNTY: _____

LOCATION: _____

INTERPRETER'S NAME_____

☐CERTIFIED ☐ QUALIFIED

PLEASE PROVIDE YOUR FEEDBACK. GIVE AS MUCH DETAIL ABOUT YOUR EXPERIENCE AS POSSIBLE:

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